### FORM D

# UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

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OMB APPROVAL

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR LINIEOPM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Se	rial			
	DATE	RECEIVED				

100 OMILOVIII FIIII I FD OU I	KING EXEMPTION		1		
Washington, Doolal-oxin Elimited Office					
			•		
Name of Offering ( check if this is an amendment and name has char Goldman Sachs Multi-Strategy Portfolio SMG Family Fund, L Filing Under (Check box(es) that apply):  Rule 504  Rule	C: Units of Limited Liabil	ity Company Inter-	The ore		
Filing Under (Check box(es) that apply):   Rule 504  Rule	505 ☑ Rule 506 □	Section 4(6)	<b>PROCES</b>	SED	
Type of Filing: ☐ New Filing ☑ Amendment			<del>/_ 4+ 0 0 0 0</del>		
A. BASIC IDEN	ITIFICATION DATA	1	- JUL 232	800	
Enter the information requested about the issuer		T	HOMSON R	CLITERA	
Name of Issuer ( check if this is an amendment and name has char	ged, and indicate change.)	I	LICINISCIA K	EUIEK9	
Goldman Sachs Multi-Strategy Portfolio SMG Family Fund, L	i. <b>C</b>				
Address of Executive Offices (Number and Street, City	, State, Zip Code)	Telephone Number (	(including Area C	ode)	
c/o Goldman Sachs Hedge Fund Strategies LLC, One New Yor 10004	t Plaza, New York, NY	(212) 902-1000			
Address of Principal Business Operations (Number and Street, C	ty, State, Zip Code)	Telephone I			
(if different from Executive Offices)	J A <b>ra</b> ki	T ARIAH KANIK ARIAN ARIKA ARIKA DIRAH	T (TITLE PRINTER)		
Brief Description of Business					
To operate as a private investment fund.	ann in iom inn i mil imi				
			08056290		
Type of Business Organization					
□ corporation □ limited partnersh	✓ other (plea	er (please specify):			
□ business trust □ limited partnersh	Limited Liabil	ity Company			
3	onth Year				
Actual or Estimated Date of Incorporation or Organization:	1 4 0 8	☑ Actual [	☐ Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U	J.S. Postal Service abbreviation	on for			
State: CN for Cana	da; FN for other foreign juris	diction )	D E		

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities
of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or  Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Steven Grossman
Business or Residence Address (Number and Street, City, State, Zip Code)
50 Estate Drive, Jericho, NY 11753
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Asali, Omar
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Ort, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			· · · · · · · · · · · · · · · · · · ·	B. IN	FORMAT	ION ABO	OUT OFF	ERING					
									Yes	No			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										☑			
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What i	is the minin	num investn	nent that wil	ll be accept	ed from any	' individual'	?				\$200,000,000*		
			Issuer, in it ownership								Yes ☑	No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										offering.			
Full Name	(Last name	e first, if ind	lividual)						•				
	, Sachs & C												
Business of	or Residence	e Address (l	Number and	Street, Cit	y, State, Zip	Code)							
			w York 100	)04									
Name of A	Associated E	Broker or De	ealer										
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			is Sonched Jividual Stat								☑ AI	l States	
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
run wame	(Last name	z nrst, m ma	iividuai)										
Ruciness	r Posidence	a Address ()	Number and	Street City	v State 7in	Code)						· •	
Dusiness e	n Residence	c Madress (r	voilloct allo	Sircei, Cit	y, State, Zip	Code							
Name of A	ssociated E	Broker or De	ealer										
			s Solicited lividual Stat								[] A1	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	U AI [HI]	[ID]	
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[RI]	[SC]	[SD]	[TN]	[TX]	[עזי]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if ind	ividual)										
Business o	r Residence	e Address (?	Number and	Street, City	y, State, Zip	Code)							
Name of A	ssociated E	Broker or De	ealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\perp\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price	A	Amount Already Sold
	Debt	\$_	0	\$	0
	Equity (Shares)	\$	0	\$	0
	☐ Common ☐ Preferred	_			•
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify: Units of Limited Liability Company Interests)	\$_	116,000,000	\$	116,000,000
	Total	\$	116,000,000	\$ 	116,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.	-			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	l	Aggregate Dollar Amount of Purchases
	Accredited Investors	_	11	\$ 	116,000,000
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		T. 6	-	2.11.4
	Type of offering		Type of Security	,	Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total		N/A	\$	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_			
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$ 	0
	Legal Fees		☑	\$	14,976
	Accounting Fees			\$ 	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		0	\$	0
	Other Expenses (identify)			\$	0
	Total		Ø	\$	14,976

	C. OFFERING PRICE, P	NUMBER OF INVESTORS, EXI	CENS	EO F	AND USE OF FI	NOCE	<u>Ens</u>	,
_	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."							115,985,024
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.								
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		\$.	0
	Purchase of real estate		□	\$_	0		\$_	0
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		\$.	0
	Construction or leasing of plant buildings as	nd facilities		\$	0		\$	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)		<b>s</b> _	0		\$ <u>_</u>		
	Repayment of indebtedness			\$	0		\$	0
	Working capital			<b>\$</b>	0	. 0	\$	0
	Other (specify): Investment Capital	••••••		\$	0	- ☑	\$	115,985,024
	Column Totals			\$_	0	. Ø	\$ <u>_</u>	115,985,024
	Total Payments Listed (column totals added		🗹 💲 115,985,024			)24		
		D. FEDERAL SIGNATU	RE		· · · · · · · · · · · · · · · · · · ·			
fc	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the iss	by the issuer to furnish to the U.S. So	ecuriti	ies an	d Exchange Comm	nission,	upor	er Rule 505, the n written request
Issu	ner (Print or Type)	Signature			Date			
	dman Sachs Multi-Strategy Portfolio G Family Fund, LLC	Satty			July 15, 2008			
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)			L.,-			
Kat	thryn Preuss	Vice President of the Issuer's Mana	iging l	Meml	ber			

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).